

<b>REPORT OF MEDICAL EXAMINATION</b>				1. DATE OF EXAMINATION (YYYYMMDD)		2. SOCIAL SECURITY NUMBER	
<b>PRIVACY ACT STATEMENT</b>							
<p><b>AUTHORITY:</b> 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.</p> <p><b>PRINCIPAL PURPOSE(S):</b> To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p><b>ROUTINE USE(S):</b> None.</p> <p><b>DISCLOSURE:</b> Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>							
3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)				4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)			5. HOME TELEPHONE NUMBER (Include Area Code)
6. GRADE  <b>CIVILIAN</b>	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9. SEX <input type="checkbox"/> Female <input type="checkbox"/> Male	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White		b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Decline to Respond <input type="checkbox"/> Not Hispanic/Latino	
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY    b. CIVILIAN		12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CODE		
14.a. RATING OR SPECIALTY (Aviators Only)			b. TOTAL FLYING TIME			c. LAST SIX MONTHS	
15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Medical Board <input type="checkbox"/> Other <input type="checkbox"/> Commission <input type="checkbox"/> Retirement <input type="checkbox"/> Retention <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Separation <input type="checkbox"/> ROTC Scholarship Program		16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code)	
<b>CLINICAL EVALUATION</b> (Check each item in appropriate column. Enter "NE" if not evaluated.)							
				Nor- mal	Ab- norm	NE	<b>44. NOTES:</b> (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)
17. Head, face, neck, and scalp							
18. Nose							
19. Sinuses							
20. Mouth and throat							
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)							
22. Drums (Perforation)							
23. Eyes - General (Visual acuity and refraction under items 61 - 63)							
24. Ophthalmoscopic							
25. Pupils (Equality and reaction)							
26. Ocular motility (Associated parallel movements, nystagmus)							
27. Heart (Thrust, size, rhythm, sounds)							
28. Lungs and chest (Include breasts)							
29. Vascular system (Varicosities, etc.)							
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)							
31. Abdomen and viscera (Include hernia)							
32. External genitalia (Genitourinary)							
33. Upper extremities							
34. Lower extremities (Except feet)							
35. Feet (See Item 35 Continued)							
36. Spine, other musculoskeletal							
37. Identifying body marks, scars, tattoos							
38. Skin, lymphatics							
39. Neurologic							
40. Psychiatric (Specify any personality deviation)							
41. Pelvic (Females only)							
42. Endocrine							
<b>43. DENTAL DEFECTS AND DISEASE</b> (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.) <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable    Class _____				<b>35. FEET (Continued) (Circle category)</b>  N - Normal Arch    1 - Mild    A - Asymptomatic C - Pes Cavus    2 - Moderate P - Pes Planus    3 - Severe    S - Symptomatic			

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX)												SOCIAL SECURITY NUMBER																			
<b>LABORATORY FINDINGS</b>																															
45. URINALYSIS				a. Albumin				46. URINE HCG				47. H/H				48. BLOOD TYPE															
				b. Sugar																											
<b>TESTS</b>				<b>RESULTS</b>								<b>FIRST SPECIMEN ID LABEL</b>				<b>SECOND SPECIMEN ID LABEL</b>															
				FIRST TEST		CODE		SECOND TEST		CODE																					
49. HIV																															
50. DRUGS																															
51. ALCOHOL																															
52. OTHER																															
a. PAP SMEAR																															
b. EKG																															
c. CXR																															
<b>MEASUREMENTS AND OTHER FINDINGS</b>																															
53. HEIGHT		54. WEIGHT lbs.		55.a. MIN WGT - MAX WGT				55.b. ACTUAL BF % - MAX BF %				56. TEMPERATURE				57. PULSE															
58. BLOOD PRESSURE								59. RED/GREEN (Army Only)				60. OTHER VISION TEST:																			
a. 1ST		b. 2ND		c. 3RD								a. COLOR HAIR				b. COLOR EYES															
SYS.		SYS.		SYS.												Right:															
DIAS.		DIAS.		DIAS.												Left:															
61. DISTANT VISION								62. REFRACTION BY AUTOREFRACTION OR MANIFEST								63. NEAR VISION															
Right 20/				Corr. to 20/				By S. CX				Right 20/				Corr. to 20/				by											
Left 20/				Corr. to 20/				By S. CX				Left 20/				Corr. to 20/				by											
64. HETEROPHORIA (Specify distance)																															
ES °		EX °		R.H.		L.H.		Prism div.		Prism Conv		NPR		PD																	
65. ACCOMMODATION				66. COLOR VISION (Test used and result)				67. DEPTH PERCEPTION (Test used and score) AFVT																							
Right		Left		PIP				/14				Uncorrected				Corrected															
68. FIELD OF VISION								69. NIGHT VISION (Test used and score)								70. INTRAOCULAR TENSION															
																O.D.				O.S.											
71a. AUDIOMETER		Unit Serial Number						71b. Unit Serial Number								72a. READING ALOUD															
		Date Calibrated (YYYYMMDD)						Date Calibrated (YYYYMMDD)								TEST															
HZ		500		1000		2000		3000		4000		6000		HZ		500		1000		2000		3000		4000		6000		SAT		UNSAT	
Right														Right														72b. VALSALVA			
Left														Left														SAT		UNSAT	
73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY (Use additional sheets if necessary.)																															





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<p>88. Additional Remarks (extension of blocks 77 or 78).</p>	

